



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 3:41 pm, May 12, 201

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 026999	PRINTER SN 13.1891.096	DATE OF INSPECTION 05-08-2014
LOCATION OF INSTRUMENT (STREET AND CITY) 501 FARAON ST SAINT JOSEPH, MISSOURI 64501		TIME OF INSPECTION 1648

CHECKLIST: Place a mark in the box by each item it found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (1 O-C - 40-C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☐ SIMULATOR SOLUTION

☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER _____ INTOXIMETERS _____ LOT # AG300201 EXP. DATE 01-02-2015

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) _____ SIMULATOR SN _____ SIMULATOR EXP DATE _____

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 w- .100	TEST 2 w- .099	TEST 3 w- .099
-------------------	-------------------	-------------------

☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
----------	---	---------	---	-----------	---	-----------	---	-----------	---	------------	---

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE 	PRINT NAME Wayne Byrom / Brad Kerns
TYPE 11 PERMIT NUMBER/EXPIRATION DATE 220103 05-09-2014 / 220427 12-27-2014	TELEPHONE NUMBER 816-271-5359

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901



Airgas Mid America (LABORATORY)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Customer Name
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 2-Jan-2013

Dear Sir,

This is your Certificate of Analysis:

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
1/2/2015	108	Ethanol	0.100 ± 2% BrAC (272 ppm)
		Nitrogen	Balance

Lot # AG300201

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.5 ppm	EB0010603	390.9 ppm
EB0010570	258.4 ppm	EB0010559	258.3 ppm
EB0010285	208.9 ppm	EB0010595	209.2 ppm
EB0010561	101.9 ppm	EB0010562	104.9 ppm
EB0010681	53.0 ppm	EB0010579	52.4 ppm

Analytical Method: NDIR

Analyst: 

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 026999
Version no: 7489

TEST RECORD 01506

Temp Date Time 210L s/

Air Blank:
05/08/14 16:55.000
Calibration Check:
24 05/08/14 16:55.099

Subject Name
Murphy Test
Subject I.D.

Byram, Wayne
Operator Name, I.D.

Location
220103 Permit

05/09/14 Exp

AS IV Serial no: 026999
Version no: 7489

TEST RECORD 01505

Temp Date Time 210L s/

Air Blank:
05/08/14 16:51.000
Calibration Check:
22 05/08/14 16:51.099

Subject Name
Murphy Test
Subject I.D.

Byram, Wayne
Operator Name, I.D.

Location
220103 Permit

05/09/14 Exp

AS IV Serial no: 026999
Version no: 7489

TEST RECORD 01504

Temp Date Time 210L s/

Air Blank:
05/08/14 16:48.000
Calibration Check:
21 05/08/14 16:48.100

Subject Name
Murphy Test
Subject I.D.

Byram, Wayne
Operator Name, I.D.

Location
220103 Permit

05/09/14 Exp

AS IV Serial no: 026999
Version no: 7489

TEST RECORD 01507

Temp Date Time 210L s/

Void: REF
12 05/08/14 16:58

Subject Name
REF Test
Subject I.D.

Byram, Wayne
Operator Name, I.D.

Location
220103 Permit

05/09/14 Exp

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



BRAD M KERNS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER; ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 12/27/2012

Number 220427

Expires 12/27/2014

MO 680-0771 (7-88)

Director of State Public Health Laboratory

ACTING DIRECTOR

Director, Department of Health

Lab. 4 (17-88)

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



WAYNE BYROM

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER;ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 05/09/2012

Number 220103

Expires 05/09/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab, 4 (R7-88)